

NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

mic

REF ID: MOB030349D1700042

CONTRACT NUMBER	CONTRACT TITLE
CS170042005	Alternatives to Abortion Program Services
AMENDMENT NUMBER	CONTRACT PERIOD
Amendment #001	July 1, 2017 through June 30, 2018
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 886 DFA18000005	43169397000/MB00097817
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
LACLEDE COUNTY PREGNANCY SUPPORT CENTER PO BOX 373 525 S WASHINGTON LEBANON MO 65536	Department of Social Services Division of Finance & Administration Svcs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

Contract CS170042005 is hereby amended pursuant to the attached amendment #001, dated 08/01/17.

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: julie.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
	8-25-17
DIRECTOR OF PURCHASING	
	Karen S. Boeger



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 001
CONTRACT NO.: CS170042005
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005
BUYER: Julie Kleffner
PHONE NO.: (573) 731-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER
PO BOX 373 525 S WASHINGTON
LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	Julie.Kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME Laclede County Pregnancy Support Center	MISSOURIBUY'S SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) MB00097817
MAILING ADDRESS PO Box 373	
CITY, STATE, ZIP CODE Lebanon, MO, 65536	

CONTACT PERSON Shaun Dickerson or Abigail Chisom	EMAIL ADDRESS abigail@psclebanon.org or info@psclebanon.org
PHONE NUMBER 417-532-8555	FAX NUMBER 417-532-8152
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
APPROVING SIGNATURE 	DATE 8/1/2017
PRINTED NAME Shaun Dickerson	TITLE CEO

Contract CS1700420005

Page 2

AMENDMENT #001 TO CONTRACT CS1700420005CONTRACT TITLE: Alternatives to Abortion Program ServicesCONTRACT PERIOD: July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicate in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 5	\$ <u>60,888</u> (\$60,888.00)	maximum annual total price
Geographic Region 7	\$ <u>114,925</u> (\$114,925.00)	maximum annual total price
Geographic Region 8	\$ <u>38,442</u> (\$38,442.00)	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

Attachment 3

Department of Social Services

Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: _____

Subcontractor: _____

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name _____

Date Enrolled _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri - Department of Social Services, Division of Finance & Administrative Services, Broadway State Office Building, 221 W. High St., Room 310, P.O. Box 1082, Jefferson City, MO 65102-1082. May be faxed to 573/751-7598 or emailed to joy.e.benne@dss.mo.gov by the Contractor only.

Authorized person requesting purchase: _____ Date _____

Purchase is Approved Denied A2A Signature _____ Date _____

Reason for denying purchase: _____

Missouri Office of Administration

A2A Quarterly Expenditure Report

Agency: [Insert Agency Name]	Contract Number:
------------------------------	------------------

Program Year July 1, 2017 - June 30, 2018

Revenue

Revenue Request

Federal (TANF)

\$ -

Indirect Administrative Costs Calculations

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)

Application Base:

Federally Negotiated Indirect Cost Rate (FNICR): %

\$ -

0.00%

Total Indirect Administrative Costs

\$ -

OR

Option 2: 10% De Minimus (use if no FNICR)

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

Total Indirect Administrative Costs

\$ -

Direct Administrative Costs

Program Salaries and Wages

\$ -

Employee Benefits

\$ -

Employee Travel

\$ -

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ -

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

Total Direct Administrative Cost

\$ -

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

Modified Total Direct Administrative Cost

\$ -

Participant Services

Transportation

\$ -

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ -

Emergency Shelter

\$ -

Housing Assistance

\$ -

(add others as needed)

\$ -

Total Participant Costs

\$ -

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

Signature of Authorized Representative of [Insert Agency Name]	Date
--	------

Alternatives to Abortion CS1700420005

Amendment #001

Laclede County Pregnancy Support Center
Submitted by Abigail Chisom, 417-532-8555

Budget/Price Analysis and Narrative

Geographic Region 5 – total award requested \$60,888

Direct Administrative Costs

Program Salaries and Wages	\$ 17,000.00
Employee Benefits	\$ 1200.00
Employee Travel	\$ 400.00
Office Utilities	\$ 1000.00
Facility Insurance	\$ 600.36
Office Supplies	\$ 501.00
Office Communications	\$ 913.00
Office Repairs/Maintenance	\$ 500.00
Contract/Consulting	\$ 1522.00
Indirect Admin. Costs	\$ 2363.64

Total Administrative Costs \$26,000

The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region is fairly low because most clients in this region are able to come to the facility and do not require regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

Participant Services

Transportation	\$ 2100.00
Job Training	\$ 300.00
Tuition Assistance	\$ 300.00
Residential Housing	\$ 4700.00
Utility Assistance	\$ 3188.00
Emergency Shelter	\$ 700.00
Housing Assistance	\$12,200.00
Child Care	\$ 1000.00
Clothing	\$ 600.00
Supplies	\$ 3500.00
Food	\$ 300.00
Other Services	\$ 6000.00

Total Participant Services \$34,888

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.

**Alternatives to Abortion CS1700420005
Amendment #001
Laclede County Pregnancy Support Center
Page 2**

Geographic Region 7 – total award requested \$114,925

Direct Administrative Costs

Program Salaries and Wages	\$31,500
Employee Benefits	\$ 2205
Employee Travel	\$ 1000
Office Utilities	\$ 1575
Facility Insurance	\$ 1100
Office Supplies	\$ 2400
Office Communications	\$ 1000
Office Repairs/Maintenance	\$ 200
Contract/Consulting	\$ 2900
Indirect Admin. Costs	\$ 4388
Total Administrative Costs	\$48,268

The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region reflects a larger percentage of clients requiring regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

Participant Services

Transportation	\$ 4000
Job Training	\$ 400
Tuition Assistance	\$ 400
Residential Housing	\$ 9500
Utility Assistance	\$ 6500
Emergency Shelter	\$ 1200
Housing Assistance	\$22,000
Child Care	\$ 3000
Clothing	\$ 1200
Supplies	\$ 7500
Food	\$ 957
Other Services	\$10,000
Total Participant Services	\$66,657

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.

**Alternatives to Abortion CS1700420005
Amendment #001
Laclede County Pregnancy Support Center
Page 3**

Geographic Region 8 – total award requested \$38,442

Direct Administrative Costs

Program Salaries and Wages	\$ 10,000
Employee Benefits	\$ 700
Employee Travel	\$ 1000
Office Utilities	\$ 447
Facility Insurance	\$ 300
Office Supplies	\$ 500
Office Communications	\$ 380
Office Repairs/Maintenance	\$ 350
Contract/Consulting	\$ 1000
Indirect Admin. Costs	\$ 1468
Total Administrative Costs	\$16,145

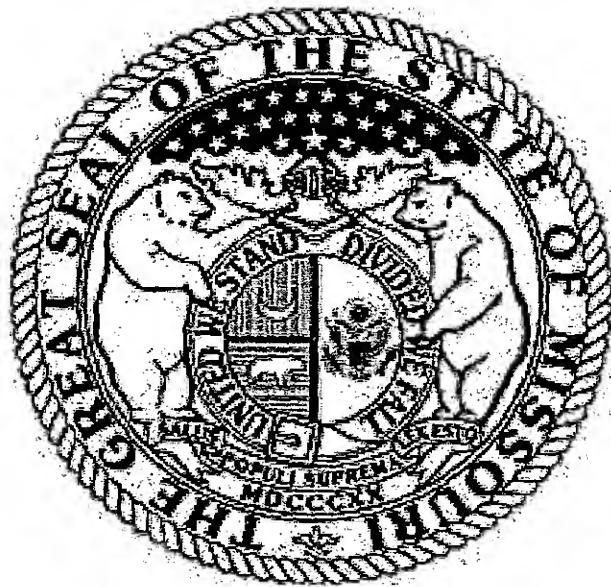
The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region reflects a larger percentage of clients requiring regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

Participant Services

Transportation	\$ 1155
Job Training	\$ 200
Tuition Assistance	\$ 200
Residential Housing	\$ 2690
Utility Assistance	\$ 1925
Emergency Shelter	\$ 1000
Housing Assistance	\$ 7304
Child Care	\$ 1000
Clothing	\$ 500
Supplies	\$ 1535
Food	\$ 190
Other Services	\$ 4598

Total Participant Services \$22,297

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.



State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing
Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

Kleffner, Julie

From: Morrison, Mary Ann
Sent: Wednesday, August 16, 2017 4:03 PM
To: Kleffner, Julie
Subject: FW: CS170042005/Laclede Co
Attachments: CS170042005-002 (Laclede Co Prg Ctr - FY18) APPROVED 8-16-17.pdf

Please see attached.

Mary Ann Morrison, Procurement Officer II
DSS/DFAS
Phone: (573) 526-3433
Fax: (573) 526-4678
Email: maryann.morrison@dss.mo.gov

From: Benne, Joy
Sent: Wednesday, August 16, 2017 4:01 PM
To: Morrison, Mary Ann
Subject: RE: CS170042005

Mary Ann,
Please find attached the amendment and "APPROVED" budget for Laclede County Pregnancy Support Center.

The original documents received were a copy of Laclede's response to the RFP in relation to how the budget would be broken down based upon the example that was given. Laclede was contacted and asked to submit a budget breakdown and budget narrative for each region awarded. The new documents are included in the attached.

Thanks.

Joy E Benne, Fiscal Administrative Mgr.
Missouri Department of Social Services
Division of Finance & Administrative Services
Phone: (573) 751-7027
Fax: 573-751-7598
Email: joy.e.benne@dss.mo.gov

From: Morrison, Mary Ann
Sent: Tuesday, August 08, 2017 3:22 PM
To: Benne, Joy
Subject: FW: CS170042005

Please review the attached amendment for Laclede Co Pregnancy Support Center and advise if acceptable.
Thanks.

Mary Ann Morrison, Procurement Officer II

DSS/DFAS
Phone: (573) 526-3433
Fax: (573) 526-4678
Email: maryann.morrison@dss.mo.gov

From: Kleffner, Julie
Sent: Tuesday, August 08, 2017 3:20 PM
To: Morrison, Mary Ann
Subject: CS170042005

Please review and advise if acceptable to proceed.

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 001
CONTRACT NO.: CS170042005
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER
PO BOX 373 525 S WASHINGTON
LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	Julie.Kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME Laclede County Pregnancy Support Center	MissouriBuys SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) MB00097817
MAILING ADDRESS PO Box 373 CITY, STATE, ZIP CODE Lebanon, MO, 65536	

CONTACT PERSON Shaun Dickerson or Abigail Chisom	EMAIL ADDRESS abigail@psclebanon.org or info@psclebanon.org
PHONE NUMBER 417-532-8555	FAX NUMBER 417-532-8152
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
ABIGAIL CHISOM SIGNATURE 	DATE 8/1/2017
PRINTED NAME Shaun Dickerson	TITLE CEO

Contract CS1700420005

Page 2

AMENDMENT #001 TO CONTRACT CS1700420005**CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

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Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

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525 S. Washington
P.O. Box 373
Lebanon, MO 65536

Laclede County Pregnancy
Support Center

Fax Transmittal Form

To— OA

Attn: Julie Kleffner
Phone number:
Fax number: 573-526-9816

FROM

Abigail Chisom, Assistant Director
Phone number: 417-532-8555
Fax number: 417-532-8152
Email: Abigail@psclebanon.org

Date sent: 8/7/2017
Time sent: 12:20 pm
Number of pages including cover page: 3

Message:

Attached is Amendment 001 for the A2A program.

Thanks,
Abigail Chisom

AUG/08/2017/TUE 12:14 PM Pregnancy Center

FAX No. 417 532 8152

P. 001

Laclede County Pregnancy
Support Center

525 S. Washington
P.O. Box 375
Lebanon, MO 65534

Fax Transmittal Form

To—OA

Abigail Julie Kleffner

Phone number:

Fax number: 573-526-9816

From

Abigail Chisom, Assistant Director

Phone number: 417-532-8655

Fax number: 417-532-8152

Email: Abigail@opusadoption.org

Date sent: 8/08/2017

Time sent: 2:20 pm

Number of pages including cover page: 4

Message:

Attached is a Budget Narrative and Price Analysis for the A2A program.

Thanks,
Abigail Chisom

State of Missouri 5735269816 08/08/2017 02:17PM Pg 01/04

Laclede County Pregnancy Support Center
 Budget Narrative and Budget/Price Analysis

AUG/08/2017/TUE 12:15 PM Pregnancy Center FAX No. 417 532 8152 P. 002

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she commutes with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

Narrative: Jessica will be invited to come in for an initial assessment with a professional case manager. Since Jessica lives 15 miles away from our facility it will be determined if there is another alternatives to abortion provider in closer proximity to her home or if she is receiving alternatives to abortion program services from another provider. If she chooses to proceed with applying for services, the professional case manager will determine Jessica's eligibility. Jessica is a Missouri resident and it is determined that she meets the 185% of federal poverty level. She has also brought in a pregnancy verification that she obtained earlier from a nurse at the LCPSC. The professional case manager will make copies of Jessica's driver's license, Medicaid card and will obtain her Social Security number. These will be placed in Jessica's client folder which will ultimately be placed in a locked file cabinet and maintained for five years minimum.

Having determined Jessica's eligibility, the professional case manager will enroll her into the program obtaining Jessica's written consent on the Individual Risk and Needs Assessment Form. The professional case manager will proceed to complete the Individual Risk and Needs Assessment. Though it is allowable to do within a seven day period, due to Jessica's lack of transportation, the professional case manager decides to also conduct the Initial Client Assessment and a domestic violence screening with Jessica in order to document risk factors and services needed to minimize the risk of abortion and to complete the pregnancy. Jessica will be assigned a case manager and will be provided with contact information for office hours and for the case manager's phone which is available for calls 24 hours a day and 7 days a week in the event of an emergency. Jessica has no immediate needs but is given assistance to apply for WIC, LI-HEAP and SNAP. Jessica makes an appointment to return in one week to continue case management and begin Parent Education and Parenting Skills Training. Jessica will also ask the father of the baby if he will attend classes with her.

Jessica returns alone in one week and brings with her the documentation to show that she applied for WIC, SNAP, and LI-HEAP. These will be placed in Jessica's client folder and maintained for five years minimum. She has begun receiving WIC vouchers but the other programs are pending. Jessica does a class on the importance of taking folic acid in the prevention of neural tube defects and the session is followed by case management. She is informed again that she will be required

AUG/08/2017/TUE 12:16 PM Pregnancy Center

FAX No. 417 532 8152

P. 003

RPPS303490170042

to attend a minimum of one monthly case management visit while enrolled in the Alternatives to Abortion program. At each visit she and her case manager will work on addressing her individual Risk and Needs Assessment to identify and address urgent issues. Visits may also include identification of specific measurable objectives and strategies for client education regarding available services and support systems. The case manager will also identify and provide referrals for additional client services that are needed by the client and outcome goals for these referrals.

At one visit Jessica is given some referrals for rent assistance as she may need assistance soon since neither she nor her boyfriend is working. The case manager also discussed the benefits of moving into town since she is dependent on friends and family for transportation. Moving to town would bring her closer to school, doctors and the LCPSC. Jessica isn't sure but takes referrals for income based housing in town. During future case management visits, Jessica and her case manager will work on a budget to include saving for a car and other transportation costs. Today Jessica's case manager refers Jessica to the WIA program at the local career center. This program can provide financial assistance to Jessica if she proceeds with her plan to attend college.

In future case management sessions, Jessica receives rent and utility assistance twice as all other agendas are out of funding. She is helped to obtain FAFSA so she may apply for college and begin to pursue her career as a nurse. Jessica and her boyfriend want to know more about adoption and her case worker provides referrals to several good agencies. A meeting with an adoption worker is scheduled. Jessica continues to attend Prenatal Parent Education and Parenting Skills Training and the father of the baby attends specifically. Her case manager provides job referrals to the young man but he doesn't appear to make much effort to find employment.

After meeting with the adoption worker, the boyfriend pressures Jessica to place the baby for adoption but she has decided to keep her baby. She believes with her new found support system she will be able to parent her baby and still pursue her schooling. The boyfriend has decided that she doesn't want to be a part of Jessica's or the baby's lives. With her case manager's assistance she makes the decision to apply for income based housing. She is accepted and her housing deposit of \$575 and her utility deposit of \$100 are paid through the Alternatives to Abortion grant. In the future her rent will be subsidized by the Housing Authority and she will also receive some utility assistance from LIHEAP. Her case manager encourages her to look for part-time work for other expenditures and once again refers her to the career center.

In preparation for the arrival of Jessica's baby, she will be able to gather baby clothing and furnishings through the LCPSC resource market, the local free store and other community options. The case manager will assure that Jessica's baby will have a safe sleep environment and finding clothing available, purchases Jessica a Pack and Play approved by the 2011 American Academy of Pediatrics Recommendations. She also purchases a car seat and stroller since she has no car and will walk to some places. Jessica is able to get part time work at McDonalds but is still struggling financially and will need help with essential items for her baby and those would be purchased for her after all other sources have been exhausted.

Ultimately Jessica and her case manager's goals are for her to have a positive birth outcome and to complete LPN school enabling her to provide for herself and her child. Her case manager will support and help Jessica focus on her goals but Jessica knows she is the only one who can see her goals accomplished. The case manager meets with her an average of every two weeks and has been committed to reworking Jessica's personalized plan and setting goals as Jessica's situation changes. The case manager is committed to adjusting the plan as needed and finding the best possible way for Jessica to succeed.

It is assumed that the fictional client, Jessica, will stay in the program until she is one year post-partum. Given this information, along with the fact that she is currently 6 weeks pregnant, the

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State of Missouri 5735269816 08/08/2017 02:17PM Pg 03/04

AUG/08/2017/TUE 12:17 PM Pregnancy Center

FAX No. 417 532 8152

P. 004

REF#349617462

5

LCPSC could reasonably expect to serve this client for 68 weeks or about 22 months. For our purposes here, only the first year's expenses will be explored. Our professional case manager would meet with Jessica for her initial paperwork, approximately five months later and again after the baby's birth and eight weeks later to perform a post-partum depression screening adding up to approximately four professional case management sessions. Based on a goal of meeting weekly for prenatal and parenting skills classes, we would expect our estimator to meet approximately 47 times (90% attendance rate) with this client. Jessica's case manager would expect to meet at least twice a month and possibly a couple of extra visits to address urgent or unexpected needs averaging about 35 case management visits over the course of her time in the Alternatives to Abortion Services Program. Jessica will need help with transportation. Because this is a rural area, buses are not an option. Until she can save up for a car, Jessica will rely on friends and family, the CATS bus, Medicaid transport or a taxi. It is likely that Jessica would need at least \$800 in transportation assistance for school, work, classes and medical appointments (based on \$10 per round trip with 50 LCPSC visits and 20 trips to school and job interviews).

12 month analysis

Professional Case Management	5 visits @ \$45	\$ 225.00
Parenting Classes	47 visits @ \$25	\$1175.00
Case Management	36 visits @ \$25	\$900.00
Rent and Rent Deposit		\$1725.00
Transportation		\$ 700.00
Utility Assistance		\$500.00
Supplies		\$ 150.00
Car seat with stroller		\$ 100.00
Park N Play		\$ 275.00
Miscellaneous (diapers, etc.)		\$500.00
Subtotal		\$5900.00
Administrative cost (10%)		\$590.00
Total cost		\$6490.00

Total price: \$6490 per year
(provide a price analysis)
Total price: \$540 per month
(provide a price analysis)

State of Missouri 5735269816 08/08/2017 02:17PM Pg 04/04

MEMORANDUM

Office of Administration
Division of Purchasing

TO: Laura Ortmeyer

FROM: Julie Kleffner 

DATE: July 19, 2017

RE: Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, *“Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.”*

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

Kleffner, Julie

From: Benne, Joy
Sent: Wednesday, July 19, 2017 3:42 PM
To: Morrison, Mary Ann; Kleffner, Julie
Subject: RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal
Attachments: RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services
Division of Finance & Administrative Services
Phone: (573) 751-7027
Fax: 573-751-7598
Email: joy.e.benne@dss.mo.gov

From: Morrison, Mary Ann
Sent: Wednesday, July 19, 2017 3:39 PM
To: Kleffner, Julie
Cc: Benne, Joy
Subject: RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

Mary Ann Morrison, Procurement Officer II
DSS/DFAS
Phone: (573) 526-3433
Fax: (573) 526-4678
Email: maryann.morrison@dss.mo.gov

From: Morrison, Mary Ann
Sent: Wednesday, July 19, 2017 3:29 PM
To: Kleffner, Julie
Cc: Benne, Joy
Subject: RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know.

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: maryann.morrison@dss.mo.gov

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Kleffner, Julie

From: Abigail Chisom <abigail@psclebanon.org>
Sent: Tuesday, July 18, 2017 12:23 PM
To: Benne, Joy
Subject: RE: A2A FY18 Funding

Hi Joy,

Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.
Thank you,

Abigail Chisom
Assistant Director
Laclede County Pregnancy Support Center
417-532-8555

From: Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]
Sent: Tuesday, July 18, 2017 11:57 AM
To: 'Abigail Chisom'
Subject: A2A FY18 Funding

Abigail,

Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services
Division of Finance & Administrative Services
Broadway State Office Building
221 W. High St., Room 310
P.O. Box 1082
Jefferson City, MO 65102-1082
Phone: (573) 751-7027
Fax: 573-751-7598
Email: joy.e.benne@dss.mo.gov

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NL886 DFA 18 000005

Revised 08/17/15

1. Indicate Contract Amendment Type

RENEWAL:	PERIOD OF	3	TOTAL
Renewal - % Increase	Cost Savings		
Renewal - \$ Increase	Cost Savings		
Renewal - W/O Increase			
SFS Renewal - Prices In Original Contract			
SFS Renewal - Prices Not in Original Contract			

Performance Security Deposit: \$ _____

Surety Bond: \$ _____

Annual Wage Order Number: _____

Annual Wage Order Date: _____

County(ies): _____

EXTENSION PERIOD:

Extension - 30-Day	
Termination	
Extension - \$ Increase	Cost Savings
Extension - W/O Increase	
Assignment	
Cancellation/Termination	
<input checked="" type="checkbox"/> Other Amendment	

Other Instructions: _____

2. Preliminary Tasks/Verifications

A. Section 34.040.6, RSMo	Buyer/Section Support	DT	7-31-17
B. Purchasing Suspension List	Buyer/Section Support	DT	7-31-17
C. Federal Suspension - SAM.GOV	Buyer/Section Support	DT	7-31-17
D. Labor Stds - OA/FMDC Contractor Debarment Lists	Buyer/Section Support	_____	_____
E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 st Renewal - Blind/Shel Wkshp Affdvt	Buyer	_____	_____
F. SFS Review/Justification - Insert Advertising Date, if applicable	Buyer	_____	_____

3. Prepare Contract Amendment

4. Review/Approve Contract Amendment (If Signature Required)

Initial	Supervisor	Section Manager	LO	Asst Director	Director	DT	7-31-17
Date			8/1/17			JK	7-31-17

5. E-Mail/Fax Contract Amendment (If Signature Required)

Contractor E-Mail Address/Fax Number	info@psclebanon.org	Buyer/Section Support	DT	8-1-17
State Agency Contact E-Mail Address	Mary Ann Morrison	Buyer/Section Support	JK	8-1-17
Section 34.040.6, RSMo, Letter	Follow-Up Notes:	Buyer/Section Support	JK	8-1-17

6. Review Contract Amendment Response - Verifications

A. Renewal/Extension Pricing	Buyer/Section Support	_____	_____
B. Section 34.040.6, RSMo	Buyer/Section Support	_____	_____
C. Performance Security Deposit/Surety Bond	Buyer/Section Support	_____	_____
D. Renewal/Extension with Cost Savings Language	Buyer	_____	_____
E. Statewide Notice	Buyer	_____	_____
F. SFS Authorized Limit \$	Buyer	_____	_____
G. Contract Assignment Only Verifications - Complete unless completed in Step 2 above.			
1. E-Verify Exhibit/Affidavit/Documentation	Buyer/Section Support	_____	_____
2. Assignment and Consent Form	Buyer/Section Support	_____	_____
3. Purchasing Suspension List	Buyer/Section Support	_____	_____
4. Federal Suspension - SAM.GOV	Buyer/Section Support	_____	_____
5. Labor Stds - OA/FMDC Contractor Debarment Lists	Buyer/Section Support	_____	_____

7. Prepare Contract Amendment Award Document/Statewide Notice

Initial	Supervisor	Section Manager	LO	Asst Director	Director	DT	8/22/17
Date			8/22/17			JK	8-22-17

8. Review/Approve Contract Amendment Award Document

AM 300 PMM 00016388 m1	Buyer/Section Support	DT	8-25-17
Distribute E-Verify & SDV Documents	Buyer/Section Support	DT	8-25-17
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact	Buyer/Section Support	_____	_____
Copy/Save As Statewide Notice to Internet Folder	Buyer/Section Support	DT	8-25-17
10. Log Participation Commitment Information	Central Support-Participation	_____	_____
11. Image Contract Amendment Packet	Central Support-Imaging	TT	9-13